

09/28412

Vonda M. Waisow
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2	1						52	1					
3		1					53		1				
4	1						54		1				
5		1					55	1					
6		1					56		1				
7							57		1				
8		1					58	1					
9		1					59		1				
10		1					60		1				
11		1					61	1					
12		1					62		1				
13		1					63		1				
14		1					64	1					
15		1					65		1				
16		1					66		1				
17		1					67	1					
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73	1					
24	1						74	1					
25		1					75	1					
26		1					76	1					
27		3					77		4				
28		3					78		4				
29		3					79		4				
30		1					80	1					
31		1					81		1				
32		1					82		1				
33		3					83		3				
34		3					84	1					
35		3					85		1				
36	1						86	1					
37		1					87		1				
38		1					88		1				
39		3					89		1				
40	1						90		1				
41		1					91		1				
42		1					92	1					
43	1						93		1				
44		1					94		1				
45		1					95						
46	1						96						
47		1					97						
48		1					98						
49	1						99						
50		1					100						
TOTAL IND.							TOTAL IND.	23					
TOTAL DEP.							TOTAL DEP.	115					
TOTAL CLAIMS							TOTAL CLAIMS	138					